

SERIAL NUMBER 09/066,061	FILING DATE 04/24/98	CLASS 345	GROUP ART UNIT 2774	ATTORNEY DO KPN
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APPLICANT MATTHEW ZAVRACKY, PLYMPTON, MA; JEFFREY JACOBSEN, HOLLISTER, CA;  
FREDERICK P. HERRMANN, SHARON, MA; WEN-FOO CHERN, WAYLAND, MA; HIAP L.  
ONG, TAIPAI, TAIWAN; JOHN C.C. FAN, CHESTNUT HILL, MA; BOR-YEU TSAUR,  
LEXINGTON, MA; ALAN RICHARD, WRENTHAM, MA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 09/004,706 01/08/98  
WHICH IS A CIP OF 08/961,744 10/31/97

**\*\*71 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

FOREIGN FILING LICENSE GRANTED 06/01/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 61	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 021005

ADDRESS

PORTABLE DISPLAY SYSTEM WITH CARD READER

TITLE

FILING FEE  
RECEIVED

\$1,008

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
NO. \_\_\_\_\_ for the following:

- ☐ All Fees
- ☐ 1.16 Fees (Filing)
- ☐ 1.17 Fees (Processing Ext. of time)
- ☐ 1.18 Fees (Issue)
- ☐ Other \_\_\_\_\_
- ☐ Credit

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/066,061	04/24/98	345	2772	KPN97-04A2

APPLICANT MATTHEW ZAVRACKY, PLYMPTON, MA; JEFFREY JACOBSEN, HOLLISTER, CA;  
 FREDERICK P. HERRMANN, SHARON, MA; WEN-FOO CHERN, WAYLAND, MA; HIAP L.  
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**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

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**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

FOREIGN FILING LICENSE GRANTED 06/01/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 61	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 021005

ADDRESS

PORTABLE DISPLAY SYSTEM WITH CARD READER

TITLE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,008		